

APPLICATION for MATERNAL and NEWBORN DESIGNATION
Bed Capacity/Services

SERVICES <i>See 105 CMR 130.020</i>	TOTAL NUMBER OF BEDS/BASSINETS PER SERVICE	NUMBER OF BEDS/BASSINETS PER UNIT/NURSERY	LOCATION (BLDG./WING, FLOOR, UNIT, CAMPUS – If applicable)	(If applicable) NUMBER OF BEDS TEMPORARILY OUT-OF- SERVICE (INCLUDED IN LICENSED BED CAPACITY) (Identify month/day/year out-of-service)	COMMENTS
MATERNAL SERVICE (Specify type): ANTEPARTUM POSTPARTUM LDRP (LABOR-DELIVERY- RECOVERY-POST- PARTUM)					
NEONATAL INTENSIVE CARE UNIT					
WELL INFANT NURSERY					
CONTINUING CARE NURSERY (CCN)					
SPECIAL CARE NURSERY (SCN)					

SERVICES	TOTAL NUMBER OF BAYS	LOCATION (BLDG./WING, FLOOR, UNIT, CAMPUS – If applicable)	COMMENTS
LABOR ROOMS LABOR-DELIVERY- RECOVERY ROOMS C-SECTION ROOMS DELIVERY ROOMS RECOVERY ROOMS			